

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

097926373

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2	/			
4		0	/			
5		0	/			
6		0	/			
7		0	/			
8		0	/			
9		0	/			
10		0	/			
11		0	/			
12		0	/			
13		0	/			
14		0	/			
15		0	/			
16		0	/			
17		0	/			
18		0	/			
19		0	/			
20		0	/			
21		0	/			
22		0	/			
23		0	/			
24		0	/			
25		0	/			
26		0	/			
27		0	/			
28		0	/			
29		0	/			
30		0	/			
31		0	/			
32		0	/			
33		0	/			
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	32	↓	31	↓		↓
TOTAL CLAIMS	34		33			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS